

**EXHIBIT B**



March 1, 2013

**VIA POSTAL SERVICE ONLY**

**Clerk of the Board of Supervisors**  
**ATTN: CLAIMS DIVISION**  
4080 Lemon Street, 1<sup>st</sup> Floor  
Riverside, CA 92502-1628

**RE:** *Williams v. Riverside County Sheriff's Dept.*

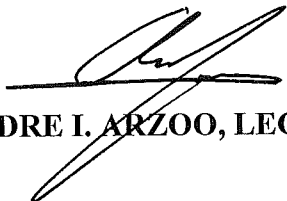
Claims Division,

Please find attached a Claim for Damages to Person or Property form, from Valerie Williams on behalf of Anthony Lawson, and signed by her attorney Randy H. McMurray, Esq.

If you have any questions or concerns, please feel free to contact our office. Thank you.

Sincerely,

**THE COCHRAN LAW GROUP, LLP**



**ANDRE I. ARZOO, LEGAL ASSISTANT**

## COUNTY OF RIVERSIDE

## CLAIM FOR DAMAGES TO PERSON OR PROPERTY



## INSTRUCTIONS:

1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form must be signed.

## OFFICE USE ONLY

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS  
ATTN: CLAIMS DIVISION  
P.O. BOX 1628, 4080 LEMON ST, 1<sup>ST</sup> FL.  
RIVERSIDE, CA. 92502-1628 (951) 955-1060

TIME STAMP HERE

1. FULL NAME OF CLAIMANT <b>Valerie Williams OBO Anthony Lawson</b>		8. WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? <b>Decedent expired as a result of injuries sustained by officers from Riverside County Sheriff's Department</b>	
2. MAILING ADDRESS (STREET/P O BOX) <b>5670 Wilshire Blvd, Ste 1450</b> CITY: <b>Los Angeles</b> STATE: <b>CA</b> ZIP CODE: <b>90036</b>			
HOME TELEPHONE ( )	BUSINESS TELEPHONE <b>(323) 931-6200</b>	9. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE). NAME: <b>Unknown officers</b> DEPARTMENT: <b>Riverside County Sheriff's Department</b>	
3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) <b>10/21/2012</b>		NAME: DEPARTMENT:	
4. WHERE DID DAMAGE OR INJURY OCCUR? <b>7400 block of Citrus Valley Avenue</b> STREET: <b>Citrus Valley Ave.</b> CITY: <b>Corona</b> STATE: <b>CA</b> ZIP CODE: <b>92880</b>		10. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION: NAME: <b>Valerie Williams</b> PHONE: <b>(323) 931-6200</b> ADDRESS: <b>5670 Wilshire Blvd, suite 1450 (contact attorney)</b> NAME: PHONE: ADDRESS:	
5. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED: <b>Decedent was violently hog tied and tazed by officers of the Riverside County Sheriff's Department. Decedent suffered fatal injuries to his person and expired at the scene of the incident.</b>		NAME: PHONE: ADDRESS:	
6. WERE POLICE OR PARAMEDICS CALLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. LIST DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates) <b>unknown, but exceeds \$25,000.</b>	
7. IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME, ADDRESS AND PHONE NUMBER: DATE OF FIRST VISIT: <b>10-21-12</b> PHYSICIAN'S/HOSPITAL'S NAME: <b>Kaiser Permanente</b> PHYSICIAN'S/HOSPITAL'S ADDRESS: <b>Kaiser Permanente 2295 S. Vineyard Ave. Ste. A Ontario, CA 91761</b> PHONE: <b>(909) 988-0379</b>		TOTAL DAMAGES TO DATE: <b>unknown, but exceeds \$25,000</b> TOTAL ESTIMATED PROSPECTIVE DAMAGES: <b>unknown, but exceeds \$25,000</b>	
THIS CLAIM MUST BE SIGNED TO BE VALID. NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)			

## WARNING:

- > CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- > SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- > IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF

**Randy H. Murray** Attorney  
SIGNATURE RELATIONSHIP TO CLAIMANT

13. PRINT OR TYPE NAME

DATE

**Randy H. Murray**

REVISED: 6/26/2008

## COUNTY OF RIVERSIDE

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12. CLAIMANT OR PERSON FILING ON HIS/HER BEHALF <b>Anthony Lawson</b> SIGNATURE	13. PRINT OR TYPE NAME <b>Randy H. McMurray</b> RELATIONSHIP TO CLAIMANT	DATE
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REVISED: 6/26/2008

## COUNTY OF RIVERSIDE

## CLAIM FOR DAMAGES TO PERSON OR PROPERTY

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SIGNATURE	RELATIONSHIP TO CLAIMANT	

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